
State of Washington

Behavioral Risk Factor Surveillance System 2005 Questionnaire, Form A

Based on CDC version 10-20-04

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Behavioral Risk Factor Surveillance System

2005 Questionnaire, Form A

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HELLO, I'm _____ (name) _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and I'd like to ask some questions about health and safety practices that may affect your health.

Is this a private residence in Washington State?

If "no" Thank you very much, but we are only interviewing private residences. **Stop**

Number of Adults _____ (-)

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.**
May I speak with [fill in (him/her) from previous question]? **Go to**
"Correct Respondent."

Number of men	Sum must equal number of adults in household.
Number of women	

5.3.2005

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data in one year.

If Respondent refuses, ask:

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? **[WHY1]**

- | | |
|----|---------------------|
| 01 | Record comments |
| 98 | Don't know/Not sure |
| 99 | Refused |

<<TIME: Introduction>>

CDC Core Questions

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

or

- 5 Poor

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 1 >>

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

<<TIME: Section 2 >>

Section 3: Health Care Access

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider? If "No", ask: "***Is there more than one or is there no person who you think of?***" (81)

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.4. About how long has it been since you last visited a doctor for a routine checkup? **IF NEEDED: a routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.** (83)

1 Within past yr (1-12 months ago)
2 Within past 2 yrs (1-2 yrs ago)
3 Within past 5 yrs (2-5 yrs ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

<<TIME: Section 3 >>

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 4 >>

Section 5: Diabetes

- 5.1. Have you EVER been told by a doctor that you have diabetes? (85)
[If respondent says 'pre-diabetes or borderline diabetes', use response Code 4.

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

- 5.2 How old were you when you were told you have diabetes? (201-202)

Code age in years [97 = 97 and older]

- 98 Don't know/Not sure
- 99 Refused

- 5.3 Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

- 5.4 Are you now taking diabetes pills? (204)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

- 5.5 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(205-207)

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 5.6 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(208-210)

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 5 5 5 No feet
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 5.7 Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?

(21)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

- 5.8 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(213-214)

_ _ Number of times **[76 = 76 or more]**
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

- 5.9 A test for hemoglobin "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (214-215)

___ Number of times [76 = 76 or more]
88 None
98 Never heard of hemoglobin "A one C" test
77 Don't know/Not sure
99 Refused

If Q5.6 = 555, "no feet," go to Q5.11

- 5.10 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

___ Number of times [76 = 76 or more]
88 None
77 Don't know/Not sure
99 Refused

- 5.11 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (218)

Read Only if Necessary

1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
8 Never
7 Don't know/Not sure
9 Refused

- 5.12 Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

- 5.13 Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

<<TIME: Section 5 >>

Section 6: Hypertension Awareness

- 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”** (86)

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ **Go to next section**
- 3 No ⇒ **Go to next section**
- 4 Told borderline high or pre-hypertensive ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 6.2. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 6 >>

Section 7: Cholesterol Awareness

- 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 7.2. About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 7 >>

Section 8: Cardiovascular Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

8.1. [Ever told that you had] A heart attack, also called a myocardial infarction? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.2. [Ever told that you had] Angina or coronary heart disease? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.3. [Ever told that you had] A stroke? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 8 >>

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

9.2. Do you still have asthma? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 9 >>

Section 10: Immunization

**Ask all questions in January & February.
Starting in March, ask only 10.1, 10.2 and 10.7**

10.1. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? (96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.3 During what month and year did you receive your most recent flu vaccination? If "Yes" to both 10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray." ()

- __/____ Month / Year
- 77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?" Code approximate month and year)
- 99/9999 Refused

- 10.4. Where did you go to get your most recent **[CATI fill in appropriate response from 10.1 and 10.2: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?** (276-277)

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

**If Q10.3 is before 9/2004 go to Q10.5.
If Q10.3 is DK or RF, go to Q10.5.
Otherwise go to Q10.6**

- 10.5. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? **[Interviewer note: The current flu season = Sept. '04 – Mar. '05]** ()

Do not read answer choices below. Select category that best matches response.

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

If Q10.3 is 09/2003 through 03/2004, go to Q10.7, otherwise ask Q10.6

10.6 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

10.7. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? ()

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or
HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes – **Go to Q10.9**
- 2 No – **Go to Q10.10**
- 7 Don't know/Not sure (Probe by repeating question) – **Go to Q10.10**
- 9 Refused – **Go to Q10.10**

10.9 Do you still have (this/any of these) problem(s)? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

10.10 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? **[If necessary say: This includes part-time and volunteer work.]** ()

- 1 Yes – **Go to Q10.11**
- 2 No – **Go to next section**
- 7 Don't know/Not sure (Do not probe) – **Go to Q13.1**
- 9 Refused – **Go to Q13.1**

10.11 Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Probe by repeating question)
- 9 Refused

<<TIME: Section 10 >>

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life? **[Note: 5 packs = 100 cigarettes].** (99)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

11.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 11 >>

Section 12: Alcohol Consumption

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

1 Yes
2 No ⇒Go to next section]
7 Don't know / Not sure ⇒Go to next section]
9 Refused ⇒Go to next section]

- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

1__ Days per week
2__ Days in past 30 days
888 No drinks in past 30 days ⇒Go to next section]
777 Don't know / Not sure
999 Refused

- 12.3. One drink is equivalent to a 12 ounce beer, a 4 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)

__ __ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

__ __ Number of times
88 None
77 Don't know / Not sure
99 Refused

- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

__ __ Number
77 Don't know / Not sure
99 Refused

<<TIME: Section 12 >>

Section 13: Demographics

13.1. What is your age? (112-113)

____ Code age in years
0 7 Don't know / Not sure
0 9 Refused

13.1b In which of these age categories do you belong? [SAQ]

21 18 to 24
30 25 to 34
40 35 to 44
50 45 to 54
60 55 to 65
70 65 to 74
80 75 or older
9 Refused

13.2. Are you Hispanic or Latino? (114)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

13.3. Which one or more of the following would you say is your race? **[Check all that apply; up to 6 responses.]** (115-120)

Please read
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
or
6 Other [specify] _____
DO NOT READ
8 No additional choices
7 Don't know / Not sure
9 Refused

If one of the answers to Q13.3a-f is 3 (Asian) or 4 (Native Hawaiian or other Pacific Islander), continue. Otherwise, go to Q13.4

13.31 Which one or more of the following best describes your Asian or Pacific Islander heritage? ()

[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...."]

- 01 Native Hawaiian (NH./PI)
- 02 Chinese
- 03 Japanese
- 04 Korean
- 05 Filipino (NH./PI)
- 06 Vietnamese
- 07 Laotian
- 08 Cambodian
- 09 Asian Indian
- 10 Samoan (NH./PI)
- 11 Guamanian (NH./PI) or Chamorro (NH./PI)
- 88 Or something else (specify: _____)
- DO NOT READ**
- 77 Don't know/Not sure
- 99 Refused

**If more than one response to Q13.3 or to 13.31, ask Q13.4.
Otherwise, go to Q13.5**

13.4. Which one of these groups would you say BEST represents your race? (121)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- DO NOT READ**
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or 6 A member of an unmarried couple
- DO NOT READ**
- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

— —	Number of children	
8 8	None	Go to Q 13.7
9 9	Refused	Go to Q 13.7

13.6a – f What are the ages of the children? (SAQs)

— —	Age of (1 st , 2 nd , 3 rd . . . 6 th) child	
8 8	None	Go to Q 13.7
9 9	Refused	Go to Q 13.7

13.7. What is the highest grade or year of school you completed? (125)

Read only if necessary:

1	Never attended school or only attended kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	Refused

13.8. Are you currently . . . ? (126)

Please read

1	Employed for wages
2	Self-employed
3	Out of work for more than 1 year
4	Out of work for less than 1 year
5	A homemaker
6	A student
7	Retired,
	or
8	Unable to work

DO NOT READ

9	Refused
---	---------

13.8a What kind of business or industry do you work in? (SAQ)

[Record answer] _____
99 Refused

13.8b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

[Record answer] _____
 88 Owner, Proprietor or Self-employed
 99 Refused

13.9. Is your annual household income from all sources...? (127-128)

If respondent refuses at ANY income level, code 99 (Refused).

Read only if necessary:

04 Less than \$25,000 If "no", ask 05; if "yes", ask 03
 (\$20,000 to less than \$25,000)

03 Less than \$20,000 If "no", code 04; if "yes", ask 02
 (\$15,000 to less than \$20,000)

02 Less than \$15,000 If "no", code 03; if "yes", ask 01
 (\$10,000 to less than \$15,000)

01 Less than \$10,000 If "no", code 02

05 Less than \$35,000 If "no", ask 06
 (\$25,000 to less than \$35,000)

06 Less than \$50,000 If "no", ask 07
 (\$35,000 to less than \$50,000)

07 Less than \$75,000 If "no", code 08
 (\$50,000 to less than \$75,000)

08 \$75,000 or more

DO NOT READ

77 Don't know / Not sure
 99 Refused

13.10. About how much do you weigh without shoes? [If respondent answers in metrics, put "9" in column 129.] [Round fractions up] (129-132)

____ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

13.11. About how tall are you without shoes? **[If respondent answers in metrics, put “9” in column 133]. [Round fractions down]** (133-136)

__ / __ Height
(ft / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12. What county do you live in? (137-139)

001 Adams	027 Grays Harbor	053 Pierce
003 Asotin	029 Island	055 San Juan
005 Benton	031 Jefferson	057 Skagit
007 Chelan	033 King	059 Skamania
009 Clallam	035 Kitsap	061 Snohomish
011 Clark	037 Kittitas	063 Spokane
013 Columbia	039 Klickitat	065 Stevens
015 Cowlitz	041 Lewis	067 Thurston
017 Douglas	043 Lincoln	069 Wahkiakum
019 Ferry	045 Mason	071 Walla Walla
021 Franklin	047 Okanogan	073 Whatcom
023 Garfield	049 Pacific	075 Whitman
025 Grant	051 Pend Oreille	077 Yakima

__ __ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

13.13. What is your ZIP Code where you live? (140-144)

__ __ __ __ __ ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

1 Yes
2 No ⇒ **Go to Q13.16]**
7 Don't know / Not sure ⇒ **Go to Q13.16]**
9 Refused ⇒ **Go to Q13.16]**

13.15. How many of these phone numbers are residential numbers? (146)

__ Residential telephone numbers **[6=6 or more]**
7 Don't know / Not sure
9 Refused

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? [Do not include interruptions of phone service due to weather or natural disasters]. (147)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13.16a In the past 12 months, about how many months in total were you without a working home telephone?" [SAQ]

- ___ ___ Number of months
- 6 6 Less than one month
 - 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

13.17. Indicate sex of respondent. [Ask only if necessary]. (148)

- 1 Male ⇒ **Go to next section**
- 2 Female **[If respondent is 45 years old or older, Go to next section]**

13.18. To your knowledge, are you now pregnant? (149)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 13 -Demographics>>

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 14 >>

Section 15: Disability

The following questions are about health problems or impairments you may have.

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? [Include occasional use or use in certain circumstances.] (152)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 15 >>

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No ⇒Go to Q16.4]
- 7 Don't know / Not sure ⇒Go to Q16.4]
- 9 Refused ⇒Go to Q16.4]

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No ⇒Go to Q16.4]
- 7 Don't know / Not sure ⇒Go to Q16.4]
- 9 Refused ⇒Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, Go to next section.

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? [If a respondent question arises about medication, then the interviewer should reply ***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***] (157)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 16 >>

Section 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth.

Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.2 Not counting juice, how often do you eat fruit? (161-163)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.3 How often do you eat green salad? (164-166)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 How often do you eat carrots? (170-172)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat ? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

<<TIME: Section 17 >>

Section 18: Physical Activity

**If Core Q13.8=1(employed for wages) or 2(self-employed); continue.
Otherwise, ⇒Go to Q18.2.**

18.1. When you are at work, which of the following best describes what you do?
Would you say? **[If respondent has multiple jobs, include all jobs.]** (176)

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

- 18.2. We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (177)

- 1 Yes
- 2 No ⇒ **Go to Q18.5**
- 7 Don't know / Not sure ⇒ **Go to Q18.5**
- 9 Refused ⇒ **Go to Q18.5**

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒ **Go to Q18.5**
- 7 7 Don't know / Not sure ⇒ **Go to Q18.5**
- 9 9 Refused ⇒ **Go to Q18.5**

- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (180-182)

- : — — Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

- 18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (183)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)

_ _ Days per week
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time
 ⇒ **Go to next section**
 7 7 Don't know / Not sure ⇒ **Go to next section**
 9 9 Refused ⇒ **Go to next section**

- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (186-188)

_ : _ _ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

<<TIME: Section 18 >>

Section 19: HIV/AIDS

[If respondent is 65 years or older, ⇒ **Go to next section**]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. [Include saliva tests]. . (189)

1 Yes
 2 No ⇒ **Go to Q19.5**
 7 Don't know / Not Sure ⇒ **Go to Q19.5**
 9 Refused ⇒ **Go to Q19.5**

- 19.2. Not including blood donations, in what month and year was your last HIV test? If response is before January 1985, code "Don't know." (190-195)

_ _ / _ _ _ _ Code month and year
 7 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 9 Refused

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (196-197)

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

- 19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

You have used intravenous drugs in the past year. (say: in - tra – vee – nus)
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 19 >>

Section 20: Emotional Support & Life Satisfaction

- 20.1 How often do you get the social and emotional support you need? (199)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

20.2 In general, how satisfied are you with your life? (200)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 20 >>

Section 21 Child Immunization (January and February only)

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), then Go to Q14.1

If Core Q13.6 = 1; say: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ **Go to Q21.18.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99, say: "Previously, you indicated there were [CATI insert number] children age 17 or younger in your household. Think about those [CATI insert number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [CATI insert second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

"I have some additional questions about one specific child. The child I will be referring to is the [CATI Fill in random number] child. All the questions about children will be about that child."

Note: If there are two children with the same birth date, randomly select one.

21.1 Is the child a boy or a girl? ()

- 1 Boy
- 2 Girl
- 9 Refused

21.2 In what month and year was [CATI fill in: he/she] born? ()

__/____
7 7 / 7 7 7 7
9 9 / 9 9 9 9

Month / Year
Don't know/Not sure (Probe by repeating the question)
Refused

- 21.21 Has a doctor, nurse, or other health professional ever said that **[CATI fill in: he/she]** has any of the following health problems? ()

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

- 1 Yes – **Go to Q21.22**
- 2 No – Go to Q21.23
- 7 Don't know/Not sure (Probe by repeating the question) – Go to Q21.22
- 9 Refused – Go to **Q21.22**

- 21.22 Does **[CATI fill in: he/she]** still have (this/any of these) problem(s)? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

If child is less than 6 months old, go to Q14.1

- 21.23 During the past 12 months, has **[CATI fill in: he/she]** had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh. ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

- 21.24 During the past 12 months, has **[CATI fill in: he/she]** had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™. ()

- 1 Yes
- 2 No – **If Q21.23 is "Yes" go to Q21.25, otherwise go to Q21.26**
- 7 Don't know/Not sure (Do not probe) – **If Q21.23 is "Yes" go to Q21.25; if Q21.23 is "No" go to Q21.26, otherwise go to Q21.27**
- 9 Refused – **If Q21.23 is "Yes" go to Q21.25, if Q21.23 is "No" go to Q21.26, otherwise go to Q21.27**

21.25 During what month and year did [[CATI fill in: he/she] receive the most recent flu vaccination **[If “Yes” to both Q21.23 and Q21.24, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”]** ()

-- / ---- Month / Year – **If Q21.25 is before 09/2004 go to Q21.26, otherwise go to Q21.27**
 77/7777 Don't know/Not Sure (Probe: “Was it before or after September 2004?” Code approximately month and year) **Go to Q21.26**
 99/9999 Refused **Go to Q21.26**

If Q21.25 is DK or RF, go to Q21.26

21.26. What is the **MAIN** reason [CATI fill in: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Feb. '05] ()

Do not read answer choices below. Select category that best matches response.

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don't know/Not sure (Probe: “What was the main reason?”)
- 99 Refused

**If Q21.20 date is 06/2003 to present, go to Q14.1;
 if Q21.25 date is 04/2004 to present
 or
 if Q21.25 is DK or RF, continue (ask Q21.27)
 otherwise go to Q14.1**

21.27 Did **[CATI fill in: he/she]** get the flu vaccine during the "last flu season," in other words during the months of September 2003 through March 2004? ()

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

<<TIME: Section 21 – Child Immunization >>

Washington State-Added Questions

Section 22: Cardiovascular Health

If YES to the core question 8.1, (Ever told you that you had a heart attack or myocardial infarction), then ask Q22.1. Otherwise, go to Q22.2.

22.1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If YES to the core question, Q8.3 (Ever told you that you had a stroke?), then ask Q22.2. Otherwise go to Q22.3.

22.2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Ask all respondents Q22.3.

22.3 Do you take aspirin daily or every other day? (251)

- 1 Yes **[Go to next section]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 22.4. Do you have a health problem or condition that makes taking aspirin unsafe for you? **[If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems].** (252)

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 22 >>

Section 23: Heart Disease and Stroke Symptoms

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.

- 23.1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack)? (263)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

- 23.2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)? (264)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

- 23.3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (265)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (266)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (267)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.6. (Do you think) shortness of breath (is a symptom of a heart attack?) (268)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.

23.7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)? (269)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side (are symptoms of a stroke)? (270)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (271)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (272)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (273)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (274)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

23.13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (275)

Please Read

- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
 - 5 Do something else
- DO NOT READ
- 7 DK/NS
 - 9 Refused

<<TIME: Section 23 >>

Section 24: Sexual Violence

Now I am going to ask you some questions about unwanted sexual experiences you may have had. You may find the questions disturbing, but it is important that we ask them this way so that everyone is clear about what we mean. Once again, please remember that you can skip any question.

[INTERVIEWER NOTE: ONLY IF NEEDED:

- This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future.
- This is a sensitive topic. Some people may feel uncomfortable with these questions.
- Remember that your phone number has been chosen randomly and your answers are strictly confidential.
- At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues.
- Please keep in mind that you can ask me to skip any question that you do not want to answer.
- If you are not in a safe place to answer these questions, I can skip to the next topic area.]

24.1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (377)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

24.2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent? (378)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [if female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

24.3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (379)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

24.4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent? (380)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

**Ask Q24.5 only if at least one of the answers to Q24.3 or Q24.4=1 (yes).
Otherwise go to Q24.7**

24.5. At the time of the most recent incident, what was your relationship to the person who [(if Q24.4=1 say "had sex" / if Q24.3=1 and Q24.4=2, say "attempted to have sex")] with you after you said or showed that you didn't want to or without your consent. (381-382)

- 01 Complete stranger
- 02 A person known for less than 24 hours
- 03 Acquaintance
- 04 Friend
- 05 Date
- 06 Current boyfriend/girlfriend
- 07 Former boyfriend/ girlfriend
- 08 Spouse or live-in partner
- 09 Ex-spouse or ex live-in partner
- 10 Co-worker
- 11 Neighbor
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Other relative
- 16 Other non-relative
- 17 Multiple perpetrators (skip gender)
- 77 Don't Know / Not Sure
- 99 Refused

**If the respondent indicates the gender of the person, complete Q24.5a (without asking).
If the respondent does not indicate the gender of the person, please ask Q24.6.**

24.6. Was the person who did this male or female? (383)

- 1 Male
- 2 Female
- 7 Don't Know / Not Sure
- 9 Refused

Ask Q24.7 if Q.3=No, Don't Know, Refused (2, 7, 9).

24.7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (384)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

Ask Q24.8 if Q.4=No, Don't Know, Refused (2, 7, 9).

24.8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (385)

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

Comment: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number – if you'd like to write it down – is **1-800-562-6025**. You can also find the number in the telephone book in the **State Government** section under **“Social and Health Services, Domestic Violence Hotline.”** [IF NEEDED: The Department of Social and Health Services operates the hotline.]

<<TIME: Section 24 >>

Section 25: Asthma in Children

If there are no children in the household, go to next section.

**Ask Q25.1-Q25.3 if there are children under age 5 in the household.
Otherwise skip to Q25.4**

- 25.1. Earlier you said there **[was a child under age 5 / were __ [CATI insert number] children under age 5]** living in your household. **[Has this child / How many of these children]** have ever been diagnosed with asthma? ()

__ __ Number of children
8 8 None **Go to Q25.4**
7 7 Don't Know/Not Sure **Go to Q25.4**
9 9 Refused **Go to Q25.4**

- 25.2. **[Does this child / how many of these children under age 5]** still have asthma?
[Note: number of children who still have asthma must be equal to or less than number of children who ever had asthma] ()

__ __ Number of children
8 8 None **Go to Q25.4**
7 7 Don't Know/Not Sure
9 9 Refused **Go to Q25.4**

- 25.3. During the past 12 months, **[did this child visit / how many of these children under age 5 with asthma visited]** an emergency room or urgent care center because of asthma? [Note: number of children who visited an emergency room must be equal to or less than number of children who still have asthma]

__ __ Number of children
8 8 None
7 7 Don't Know/Not Sure
9 9 Refused

**Ask Q25.4-Q25.6 if there are children age 5-12 in the household.
Otherwise skip to Q25.7**

- 25.4. Earlier you said there **[was a child age 5-12 / were __ [CATI insert] children age 5-12]** living in your household. **[Has this child / How many of these children]** have ever been diagnosed with asthma? ()

__ __ Number of children
8 8 None **Go to Q25.7**
7 7 Don't Know/Not Sure **Go to Q25.7**
9 9 Refused **Go to Q25.7**

25.5. **[Does this child / how many of these children (age 5-12)]** still have asthma?

[Note: number of children who still have asthma must be equal or less than
number of children who ever had asthma]

()

___ ___ Number of children
8 8 None **Go to Q25.7**
7 7 Don't Know/Not Sure
9 9 Refused **Go to Q25.7**

25.6. During the past 12 months, **[did this child visit/ how many of these children (age 5-12) with asthma visited]** an emergency room or urgent care center because of asthma? [Note: number of children who visited an emergency room must be equal to or less than number of children who still have asthma]

()

___ ___ Number of children
8 8 None
7 7 Don't Know/Not Sure
9 9 Refused

**Ask Q25.7-Q25.9 if there are children age 13-17 in the household.
Otherwise skip to next section.**

25.7. Earlier you said there **[was a child age 13-17 / were ___ [CATI insert] children age 13-17]** living in your household. **[Has this child / How many of these children]** have ever been diagnosed with asthma?

()

___ ___ Number of children
8 8 None **Go to next section**
7 7 Don't Know/Not Sure **Go to next section**
9 9 Refused **Go to next section**

25.8. **[Does this child / how many of these children]** still have asthma? [Note: number of children who still have asthma must be equal to or less than number of children who ever had asthma]

()

___ ___ Number of children
8 8 None **Go to next section**
7 7 Don't Know/Not Sure
9 9 Refused **Go to next section**

- 25.9. During the past 12 months, **[did this child visit/ how many of these children (age 13-17) with asthma visited]** an emergency room or urgent care center because of asthma? [Note: number of children who visited an emergency room must be equal to or less than number of children who still have asthma] ()

__ __ Number of children
 8 8 None
 7 7 Don't Know/Not Sure
 9 9 Refused

<<TIME: Section 25 >>

Section 26. Reading to Children

**If there is only one child in the age range 2-5, this is the target child.
 If there is more than one child in the age range 2-5, CATI selects a child randomly.
 If there are no children age 2-5, Go to the next section.**

**If the randomly selected child is 4 or 5 years old), ask Q26.1.
 Otherwise go to Q26.2 introduction.**

- 26.1. **[If more than one child in HH, say "Now I'd like to ask about the <selected> __ year old child.]** Is this child enrolled in kindergarten? ()

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

- 26.2. Now I'd like to talk with you about the **[if more than one child of this age, CATI select "oldest," "second," "youngest" (age)]**-year-old child's activities with family members in the past week. How many times have you or someone in your family read to this child in the past week? Would you say... ()

1 Not at all
 2 Once or twice
 3 3 or more times, but not every day
 4 Every day
 7 Don't know/Not sure
 9 Refused

26.3. How many times have you or someone in your family told a story to this child in the past week? Would you say... ()

- 1 Not at all
- 2 Once or twice
- 3 3 or more times, but not every day
- 4 Every day
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 26 >>

Section 27: Product Safety

For the next few questions, think about your **[child under age 5/ youngest child under age 5]**. These questions are about injuries to children due to nursery products, such as cribs, playpens, strollers, high chairs, walkers, and baby gates.

27.1. In the past year, has your child been injured while using a product, toy or nursery item? **[If needed "Examples of the type of products I am asking about include cribs, playpens, high chairs, walkers, strollers, infant carriers, bath seats and baby gates." Note: Think about your (child under age 5/ youngest child under age 5).]** ()

- 1 Yes
- 2 No **Go to next Section**
- 7 Don't know/Not sure **Go to next Section**
- 9 Refused **Go to next Section**

27.2. What type of product caused the injury? ()

- 1 Bath ring
- 2 Crib or portable crib
- 3 High chair
- 4 Playpen
- 5 Stroller
- 6 Swing
- 7 Toy
- 8 Walker
- 9 Other (Specify:_____)
- 77 Don't know/not sure
- 99 Refused

27.3. As a result of the injury did your child receive medical care? ()

- 1 Yes
- 2 No **Go to next Section**
- 7 Don't know/Not sure **Go to next Section**
- 9 Refused **Go to next Section**

27.4. Where did your child receive this care? [Up to 3 answers] ()

- 1 Doctor or HMO
- 2 Clinic/Health care clinic
- 3 Hospital outpatient clinic
- 4 Hospital emergency department
- 5 Urgent care center
- 6 Other (Specify:_____)
- 7 Don't know/not sure
- 9 Refused

<<TIME: Section 27 >>

Section 28: Unmet Health Care Needs

28.1. In the last 12 months, were you or any adult in your household unable to obtain any type of health care you or they thought was needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

28.2. In the last 12 months, did you or any adult in your household experience difficulty or delay in obtaining any type of health care you or they thought was needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

If no children in household, go to next section. Otherwise, continue.

28.3. In the last 12 months, were any children living in your home unable to obtain any type of health care you thought they needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

28.4 In the last 12 months, did any children living in your home experience difficulty or delay in obtaining any type of health care you thought they needed? ()

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

<<TIME: Section 28>>

Section 29: Epilepsy and Seizure Disorders

The next question concerns epilepsy, often referred to as a seizure disorder. This condition affects about 50 million people worldwide of all ages, races and genders. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

29.1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy? ()

- 1 Yes
- 2 No **Go to next Section**
- 7 Don't know/Not sure **Go to next Section**
- 9 Refused **Go to next Section**

29.2. Are you currently taking any medicine to control your seizure disorder or epilepsy? ()

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

- 29.3. How many seizures of any type have you had in the last three months? **[If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.]** ()

1 None
2 One
3 More than one
4 No longer have epilepsy or seizure disorder **Go to next Section**
7 Don't know/not sure
9 Refused

- 29.4. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say ... **[Please read 1-5]** ()

1 Not at all?
2 Slightly?
3 Moderately?
4 Quite a bit?
5 Extremely?
Do not read
7 Don't know/not sure
9 Refused

- 29.5. In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder? ()

1 Yes
2 No
7 Don't know/not sure
9 Refused

<<TIME: Section 29 >>

Section 30: Sexual Orientation

- 30.1. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be A. Heterosexual, that is, straight; B. Homosexual, that is gay or lesbian; C. Bisexual, or D. Other Remember, your answers are confidential. **[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Washington. You don't have to answer any question if you don't want. [IF NEEDED: If you would like to talk with someone about these issues, you may call <hotl>.]** ()

- 1 A. Heterosexual, that is, straight
- 2 B. Homosexual, that is gay or lesbian
- 3 C. Bisexual
- 4 D. Other (Specify: _____)
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 30 >>

Section 31: STEPS - Tobacco/Secondhand Smoke

- 31.1. On how many of the past 30 days has anyone, including you, smoked anywhere inside your home? ()

- Number of days smoked inside home
- 88 None
- 77 Don't Know / Not Sure
- 99 Refused

If employed outside the home, ask Q31.2. Otherwise go to Q31.3.

- 31.2. Next we are interested in smoking policies at your workplace. When you are at work, do you spend most of your time in an ... ()

- 01 Office
- 02 Store
- 03 Restaurant or Bar
- 04 Warehouse or Factory
- 05 Home
- 06 Outdoors
- 07 Car or truck
- 08 Classroom
- 09 Hospital
- 88 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

- 31.3. In a typical week, how many hours would you say that you are in a room or car with smoke from someone else's cigarettes, cigars, or pipe while you are at work? ()

- 88 None
- 01 One hour or less
- Number of hours
- 70 Seventy hours or more
- 77 Don't know/Not sure
- 99 Refused

<<TIME: Section 31 >>

Section 32: STEPS – Access to Care

32.1. When you are sick or need advice about your health, to which of the following places do you usually go? ()

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 3 A hospital or outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 6 Some other place (specify)
- 7 Don't Know / Not Sure
- 9 Refused

32.2. In the last 12 months (not counting times you went to an emergency room) how many times did you go to a doctor's office or clinic to get care for yourself? ()

- | | | |
|---|---|-----------------------|
| — | — | Number of times |
| 8 | 8 | None Go to Q.6 |
| 7 | 7 | Don't Know / Not Sure |
| 9 | 9 | Refused |

32.3. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? ()

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No

DO NOT READ

- 7 Don't Know / Not Sure
- 9 Refused

32.4. In the past 12 months, has a doctor, nurse, or other health professional asked you about what kinds of things you eat? ()

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

32.5. In the past 12 months, has a doctor, nurse, or other health professional asked you about how much you exercise? ()

- 1 Yes
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

32.6. Are you now trying to lose weight or keep from gaining weight? ()

- 1 Yes, lose weight
- 2 Yes, keep from gaining weight
- 3 No **Go to next section**
- 7 Don't Know / Not Sure
- 9 Refused

<<TIME: Section 32 >>

Section 33: STEPS - Physical Activity

33.1 During the past 30 days, how often have you seen or heard ads or messages that encourage you to walk? (if needed: include TV, radio, billboard, posters, bumper stickers, news articles) ()

- 1 Not at all
- 2 1-3 times in past 30 days
- 3 1-3 times per week
- 4 Daily or almost daily
- 5 More than once a day
- 7 Don't Know / Not Sure
- 9 Refused

If R is employed outside the home, continue. Otherwise, go to Q33.3.

33.2 How did you get to work last week? [**Probe to fit. Record all modes of transportation used –up to 7 responses**] ()

- 1 Personal vehicles (car, SUV, truck, motorcycle)
- 2 Bus travel (local transit, commuter, school)
- 3 Train (Amtrak/intercity, commuter, street car/trolley, subway)
- 4 Walking
- 5 Biking
- 6 Other (taxicab, limousine, hotel/airport shuttle – specify: _____)
- 7 Don't know
- 9 Refused

33.3 Other than for work, how did you get around last week? **[Probe to fit. Record all modes of transportation used –up to 7 responses]** ()

- 1 Personal vehicles (car, SUV, truck, motorcycle)
- 2 Bus travel (local transit, commuter, school)
- 3 Train (Amtrak/intercity, commuter, street car/trolley, subway)
- 4 Walking
- 5 Biking
- 6 Other (taxicab, limousine, hotel/airport shuttle – specify: _____)
- 7 Don't know / Not Sure
- 9 Refused

<<TIME: Section 33 >>

Section 34: STEPS – Meal Practices

34.1 In the past week, how many times did you eat food from a fast food restaurant, either "take-out" or at the restaurant, itself? ()

- — Number of times
- 8 8 None
- 7 7 Don't Know / Not Sure
- 9 9 Refused

34.2 In the past week, how many times did you or someone else prepare dinner at home? **[If R says "every day," ask "Would that be seven times?"]** ()

- — Number of times
- 8 8 None
- 7 7 Don't Know / Not Sure
- 9 9 Refused

<<TIME: Section 34 >>

Section 35: Fresh Fish Consumption

- 35.1. Next, I have some questions about eating fish that was purchased at a GROCERY STORE or FISH MARKET. **Not counting shellfish, please tell me all the types of FRESH FISH you ate in the past 30 days.** (This does not include restaurant meals.) **[Interviewer: IF R names any species, Probe “Any Others?”]**

()

- 1 Salmon
- 2 Halibut
- 3 Rockfish
- 4 Sole
- 5 Trout
- 6 Cod
- 7 Tuna
- 8 Snapper
- 9 Catfish
- 10 Swordfish
- 11 Bass
- 12 Other (SPECIFY: _____)
- 88 None - Have not eaten fresh fish in past 30 days
- 77 Don't know/Not sure
- 99 Refused

- 35.2. In the past 30 days, how many times have you eaten FRESH FISH that was purchased at a GROCERY STORE or FISH MARKET? This does not include frozen fish such as fish sticks or frozen fillets or shellfish.

()

- ____ Times in past 30 days
- 8 8 None
- 9 9 Don't Know/Refused

<<TIME: Section 35 >>

Section 36: Water Recreation – Use of Pools and Natural Swimming Beaches

- 36.1. This next set of questions is about water recreation. During the past 30 days, how many times did you go swimming or wading in a Washington State lake, pond, river, or other fresh water area?

()

- ____ Number of times
- 8 8 None/Not at all
- 7 7 Don't know/Not sure
- 9 9 Refused

- 36.2. During the past 30 days, how many times did you go swimming or wading in salt water at the Washington coast or in Puget Sound? This includes snorkeling, scuba diving, surfing and other water sport activities. ()

___ ___ Number of times
8 8 None/Not at all
7 7 Don't know/Not sure
9 9 Refused

- 36.3. During the past 30 days, how many times did you go swimming or wading in a public or private swimming pool, spa or hot tub? This includes indoor or outdoor swimming pools at homes, YMCA's, schools or community centers. ()

___ ___ Number of times
8 8 None/Not at all
7 7 Don't know/Not sure
9 9 Refused

**CATI randomly select one child (age 0-18) for the following questions.
If no children in the household, go to next section.**

For these next questions, please answer them thinking only about your **<selected>** child.

- 36.4. During the past 30 days, how many times has your **<_-year old>** child gone swimming or wading in a Washington State lake, pond, river, or other fresh water area? ()

___ ___ Number of times
8 8 None/Not at all
7 7 Don't know/Not sure
9 9 Refused

- 36.5. During the past 30 days, how many times has your **<_-year old >** child gone swimming or wading in salt water at the Washington coast or in Puget Sound? This includes snorkeling, scuba diving, surfing and other water sport activities. ()

___ ___ Number of times
8 8 None/Not at all
7 7 Don't know/Not sure
9 9 Refused

- 36.6. During the past 30 days, how many times has your **<_year old>** child gone swimming or wading in a public or private swimming pool, spa or hot tub? This includes indoor or outdoor swimming pools at homes, YMCA's, schools, community centers or water parks? ()

__ __ Number of times
8 8 None/Not at all
7 7 Don't know/Not sure
9 9 Refused

<<TIME: Section 36 >>

Section 37: West Nile Virus

Time Frame for question 1:

Jan – May <last summer, in 2004, did you take>
June – Aug. <this summer, have you taken>
Sept. – Dec. <the most recent summer, did you take>

- 37.1. The next questions are about mosquitoes and the West Nile virus. During *<time frame>* any precautions to avoid getting mosquito bites, or not? ()

1 Yes, have taken precautions
2 No, have not taken precautions
7 Don't know/Not sure
9 Refused

Time Frame for question 2:

Jan – May <During last summer in 2004, did you do>
June – Aug. <During this summer, have you done>
Sept. – Dec. <During the most recent summer, did you do>

- 37.2. During <time frame> any of the following things to avoid getting mosquito bites.
Have you....? ()

[READ 1-7. UP TO 7 RESPONSES]

- 1 Worn long-sleeved shirts or other protective clothing outdoors
- 2 Replaced or repaired window screens
- 3 Avoided going outside during the peak mosquito hours of dawn or dusk
- 4 Removed standing water from spare tires, gutters, bird baths, kiddie pools, or other places where water collects
- 5 Used a bug zapper or other device in your yard
- 6 Avoided activities or areas that would have brought you in contact with mosquitoes
- 7 Used mosquito repellent on your skin or clothing

DO NOT READ

- 8 None of the above
- 77 Don't know/Not sure
- 99 Refused

- 37.3. What type of mosquito repellent did you use? **[Note: Pause after you read each choice to give the respondent a chance to say "yes" or "no." Please pronounce DEET as a word, not the individual letters.]** ()

READ 1-3. UP TO 3 RESPONSES

- 1 Mosquito repellent containing DEET, such as *Off*™ or *Cutter*™
 - 2 Mosquito repellent containing citronella, such as *Skin-so-Soft*™
 - 3 Or some other kind of mosquito repellent (SPECIFY: _____)
- Do not read**
- 4 None of the above/Do not use repellent
 - 7 Don't know/Not sure
 - 9 Refused

- 37.4. During the past 12 months, have you seen or read any information in the media about precautions to take to avoid getting the West Nile virus, or haven't you seen or read such information? ()

- 1 Yes, have seen or read information
- 2 No, have not seen or read information
- 7 Don't know/Not sure%
- 9 Refused

37.5. Where did you see or hear about these precautions? **[PROBE TO FIT, UP TO 7 RESPONSES]**

()

- 01 Newspaper
- 02 TV
- 03 Radio
- 04 Printed brochure
- 05 Internet
- 06 Toll free information line
- 07 Magazine
- 08 Other (SPECIFY:_____)

Do not read

- 77 Don't know/Not sure
- 99 Refused

<<TIME: Section 37 >>

Section 38: Adult Survey Transition Questions

AC1 May we call you in the future if we do more research on health-related topics? This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in the future.

()

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

AC2 May I please have your first name, so that we know who to ask for? **[If needed: If you agree to be contacted again, we will keep your first name and telephone number with your answers for up to one year. They will be removed from the combined data files that are sent to the Department of Health.]**

- (record response)
- 9 Refused

**If R lives in King County (Q13.12 = 33), continue.
Otherwise, go to Closing Comment.**

Section 39: Nearest Intersection (King County only)

- 39.1. In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. This information will never be released or analyzed individually and will be used to group your responses with others from your neighborhood. Please name the two cross-streets of this intersection. ()

(Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE))

First street: _____

and Intersecting Street: _____

77 Don't know
99 Refused

<<TIME: Section 39 >>

**If there are children age 10-17 living in the home, continue.
Otherwise go to Closing comment.**

Section 40: Youth Survey Transition Section

- 40.1 You said before that there **[CATI insert is/are [number] ___children living in your home age 10 to 17. Are you the parent or guardian of [this child/ [CATI make random selection of child, insert age] the ___ year old child?** ()

1 Yes
2 No **Go to Q40.3**
9 Refused

- 40.2 I would also like to interview **[CATI insert your child/ the ___ year-old child]**. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products.

I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to your [if more than one, ____ year old] child about this survey and invite his or her participation?

- | | | |
|---|-----|--------------------------------|
| 1 | Yes | Go to Q40.5. |
| 2 | No | Go to closing statement |

40.3 May I speak to the **[CATI insert age]** ____ year old's parent or guardian?

- | | | |
|---|---------|--|
| 1 | Yes | [If not available, make appointment for callback.] |
| 2 | No | Go to closing comment |
| 9 | Refused | Go to closing comment |

40.4 **Introductory paragraph for non-respondent parent or guardian:** Hello. I'm _____ calling for the Washington State Department of Health. I am doing a survey of children and their attitudes about tobacco. I would like to interview the ____ child in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to your **[CATI insert age]** ____ year old child about this survey and invite his or her participation?

- | | | |
|---|-----|--|
| 1 | Yes | [If not available, make appointment for callback.] |
| 2 | No | Go to closing comment |

40.5 Is (he)/(she) available?

- | | | |
|---|-----|--|
| 1 | Yes | Say next comment, then go to closing comment |
| 2 | No | Schedule call-back. Then go to closing comment. |

Please ensure that this child has a private place to answer the survey questions, so that (he)/(she) can be honest and open.

<<TIME: Section 40 >>

Closing Comment

That's my last question. *Your answers and everyone else's will be combined to give us information that is important for improving public health in our state..* Thank you very much for your time and cooperation.